U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Howard Norberg	Name IRON WORKERS Local 444		
	Labor Organization File Number 039635		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
	1.0. Box, Building and Noon Number, if any		
Street 2082 Oak Leaf Street	Street 2082 Oak Leaf Street		
City Joliet	City Joliet		
State Illinois ZIP Code + 4 60436	State Illinois ZIP Code + 4 60436		
5. Position in labor organization. Business Manager			
Enter appropriate data below If, during the past fiscal year, you or your s (except as specified in the e	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of zation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Area Erectors	sent Holiday package of popcorn, candy & nuts December 2004		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street 2323 Harrison Ave.	T.S. Allouit.		
City Rockford	\$50		
State Illinois ZIP Code + 4 61108			
s	ignature		
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed Maward R. Mar Lerg	On 19/4/2005 (OSE) FOR 1004		
Signed Mawarax St. 10) NANA	On 8/4/2005 (815) 725-1804 Date Telephone Number		
——————————————————————————————————————	Telephono transco		

Name of Person Filing Howard Norberg		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 101 North Wacker Drive City Chicago State Illinois ZIP Code + 4 60606	9. Business deals with: a. Labor Organizat b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Ironworkers Tri-State Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2350 E. 170th Street City Lansing	Fund Consultant 11.b. Approximate dollar value 12.a. Nature of interest held	
State Illinois ZIP Code + 4 60438		national Foundation of Employee
	12.b. Amount.	\$250
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	anount or paymont	***************************************

Name of Person Filing Howar	rd Norberg	File Number U-

A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Blue Ridge Construction	sent gift of steaks at Christmas Season 2004
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 4004 North Becker Drive	
City Bartonville	\$50
State Illinois ZIP Code + 4 61607	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Learner and the control of the contr	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
	4

Form LM-30 (2003)

Add New Part A

Name of Person Filing Howa	ard Norberg	File Number U-	

8. Name and address of Business (include	ling trade nam	e, if any).	9. Business deals with:	
Name Co-Merica Bank		a Labor Owner Institut		
Trade Name, if any:		•	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 616		🔀 b. Trust		
Street 2 Mid-America Plaza			c. Employer	
City Oak Brook Terrace				
State Illinois	ZIP Code + 4	60181		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.		11.a. Nature of such dealing.	20-000
Name Ironworkers Mid-America	a Pension		Custodian of records for Defined Contribution Pension Plan	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 2350 E. 170th Street				
City Lansing				
State Illinois	ZIP Code + 4	60438	11.b. Approximate dollar value of such dealing.	
			12.a. Nature of interest held or income received.	Monocontrol 2 4000 - EXCLUSIVA (2018 See Elevatividad See
			Hosted Holiday dinner at the winte Iron Workers District Council of C	r meetings of the hicago & Vicinity

			12.b. Amount.	\$170

Name of Person Filing Howard Norberg	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ironworkers Tri-State Welfare	a. Labor Organization	
Trade Name, if any:	a association	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2350 E. 170th Street	c. Employer	
City Lansing		
State Illinois ZIP Code + 4 60438		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	1860 a salamat da ar asant a salam da ar
Name Ironworkers Tri-State Welfare	Jointly managed Trust to provide H benefits to participants of Tri-St	ealth & Welfare ate Welfare
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		***************************************
Street 2350 E. 170th Street		
City Lansing		
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Reimbursement of travel expenses t seminars required by the Departmen ERISA to meet fiduciary responsibi Also reimbursement of expenses ass attendance at Board of Trustees me	t of Labor and lities. ociated with
,		
	12.b. Amount.	\$4,734

Name of Person Filing Howard Norberg	File Number U-

8. Name and address of Business (includ	ling trade name	e, if any).	9. Business deals with:	
Name Lehman Brothers Asset N	Management		a. Labor Organization	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any			b. Trust	
Street 200 South Wacker Drive			c. Employer	
City Chicago				
State Illinois	ZIP Code + 4	60606		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.		11.a. Nature of such dealing.	
Name Ironworkers Mid-America	a Pension		Asset Manager for Pension Fund	A CONTRACTOR OF THE CONTRACTOR
Trade Name, if any:				The second secon
				-
P.O. Box, Bldg., Room No., if any				
Street 2350 E. 170th Street				ver a
City Lansing				
State Illinois	ZIP Code + 4	60438	11.b. Approximate dollar value of such dealing.	
	nd		12.a. Nature of interest held or income received.	hannes and the second s
			Hosted dinnner while in attendance	
			seminar sponsored by The Internati of Employee Benefits	onal Foundation
			or Employee Benefits	The state of the s
				,
			12.b. Amount.	\$200

Name of Person Filing Howard Norberg	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Baum, Sigman, Auerbach & Neuman LTD Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2200 Street 200 West Adams St. City Chicago State Illinois ZIP Code + 4 60606	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ironworkers Mid-America Pension	Fund Attorney	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2350 E. 170th St City Lansing		
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	an marie transport com a monte de marie (dans) strined (milet Milet Schild Milet Sc
	Hosted luncheon after meeting	
	12.b. Amount.	\$45

Name of Person Filing Howard Norberg	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Piotrowski & Gebis Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 3315 Algonquin Road City Rolling Meadows State Illinois ZIP Code + 4 60008	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Ironworkers Tri-State Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2350 E. 170th St City Lansing	Certified Public Accountants for F	und	
State Illinois ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	Hosted dinner following Trustees m delinquint employers	eeting over	
	12.b. Amount.	\$215	

Name of Person Filing Howard Norberg	File Number U-
- 101022	

8. Name and address of Business (inclu	ding trade nam	e, if any).	9. Business deals with:	
Name Blue Cross Blue Shield of Illinois		a. Labor Organization		
Trade Name, if any:			b. Trust	
P.O. Box, Bldg., Room No., if any				
Street 300 East Randolph Stre	eet per		c. Employer	
City Chicago	in the second			
State Illinois	ZIP Code + 4	60601		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.		11.a, Nature of such dealing.	
Name Ironworkers Tri-State Welfare Fund		Provides access to provider Network to Health & Welfare Fund		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 2350 E. 170th Street				-
City Lansing				
State Illinois	ZIP Code + 4	60438	11.b. Approximate dollar value of such dealing.	
			12.a. Nature of interest held or income received.	
			Sposored golf and dinner following	seminar
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				- 1544
			12.b. Amount.	\$150
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